

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

091830802

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		1		1		
4		1		1		
5		2		2		
6		1		1		
7		1		1		
8		2		2		
9		1		1		
10		1		1		
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15		2		2		
16		2		2		
17		1		1		
18	1		1			
19		1		1		
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24	1		1			
25	1		1			
26		1		1		
27		1		1		
28		3		3		
29		1		1		
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	47		48			
TOTAL CLAIMS	51		52			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**BEST AVAILABLE COPY**